ISSUE CLASSIFICATION

Class | Subclass

# U.S. **UTILITY** Patent Application

| MT | O.I.P.E. | PATENT DATE |
|---|---|---|
| SCANNED AC3 Q.A. | | |

| APPLICATION NO. | CONT/PRIOR | CLASS | SUBCLASS | ART UNIT | EXAMINER |
|---|---|---|---|---|---|
| 09/997447 | D | 514 | 2 | 1614 | PM,MK |

4.

**APPLICANTS**

Nathan Shapira
Mary Lessig
Daniel Driscoll

**TITLE**

Treatments for neurogenetic disorders, impulse control disorder, and wound healing

PTO-2040
12/99

## ISSUING CLASSIFICATION

| ORIGINAL | | CROSS REFERENCE(S) | |
|---|---|---|---|
| CLASS | SUBCLASS | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) |
| | | | |

**INTERNATIONAL CLASSIFICATION**

☐ Continued on Issue Slip Inside File Jacket

| ☐ **TERMINAL** ☐ **DISCLAIMER** | **DRAWINGS** | | | **CLAIMS ALLOWED** | |
|---|---|---|---|---|---|
| | Sheets Drwg. | Figs. Drwg. | Print Fig. | Total Claims | Print Claim for O.G. |
| ☐ The term of this patent subsequent to _____ (date) has been disclaimed. | (Assistant Examiner) | | (Date) | **NOTICE OF ALLOWANCE MAILED** | |
| ☐ The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ | | | | **ISSUE FEE** | |
| | | | | Amount Due | Date Paid |
| | (Primary Examiner) | | (Date) | | |
| ☐ The terminal ____ months of this patent have been disclaimed. | (Legal Instruments Examiner) | | (Date) | **ISSUE BATCH NUMBER** | |

Form PTO-436A
(Rev. 6/99)

FILED WITH: ☐ DISK (CRF) ☐ FICHE ☐ CD-ROM
(Attached in pocket on right inside flap)

## BEST AVAILABLE COPY